WATER WELL R		WWC-5		ision of Water ources App. No		Well ID MW9	
1 LOCATION OF W		Fraction		tion Number	Township Numb		
County: SALINE         SE ¼         SE ¼							
2 WELL OWNER: Last Name: WALLERIUS First: PATRICK Business: AFK PROPERTIES LLC Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:							
Address: 1605 W SCHILLING RD							
Address:     In easement at 2941 Centennial Rd., si       City:     SALINA       State:     KS       ZIP:     67401						i side of the property	
3 LOCATE WELL WITH "V" IN 4 DEPTH OF COMPLETED WELL:							
WITH "X" IN	4 DEPTH OF COMPLETED WELL:       40						
SECTION BOX:	2) ft. 3) ft., or 4) Dry Well <u>Horizontal Datum:</u> WGS 84 🖬 NAD 83 🗆 NAD						
	WELL'S STATIC WATER LEVEL:						
NW NE	above land surface, measured on (mo-day-yr)				□ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)		
	Pump test data: Well water was ft. after hours pumping gpm						
E E	after hours pumping gpm Online Mapper:						
SW   SE   X		after hours pumping			6 Elevation: 1249.70 ft. Ground Level TOC		
s s	Bore Hole Diameter:			Source: 🗖 Land Survey 🔲 GPS 🔲 Topographic Map			
1 mile	in. to ft.						
7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>							
Household	6. 🗖 Dewaterii		11. Test Ho	11. Test Hole: well ID			
Lawn & Garden	7. 🔲 Aquifer R	/9		Cased Uncased Geotechnical 12. Geothermal: how many bores?			
2. Irrigation					Closed Loop $\square$ Horizontal $\square$ Vertical		
3. 🔲 Feedlot	Air Sparg	xtraction		b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water			
4. Industrial       Recovery       Injection       13. Other (specify):         Was a chemical/bacteriological sample submitted to KDHE?       Yes       No       If yes, date sample was submitted:							
Water well disinfected? Ves No							
8 TYPE OF CASING USED: □ Steel ■ PVC □ Other							
Casing diameter							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
□ Steel □ Stainless Steel □ Fiberglass ■ PVC □ Other (Specify)							
Brass Galvanized Steel Concrete tile None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:							
🗌 Continuous Slot 🛛 Mill Slot 🔄 Gauze Wrapped 🔲 Torch Cut 🗋 Drilled Holes 📄 Other (Specify)							
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From .10 ft. to 20 ft., From ft. to ft. to ft.							
GRAVEL PACK INTERVALS: From							
9 GROUT MATERIAL: Deat cement Cement grout Bentonite Other							
Grout Intervals: From							
Septic Tank   Lateral Lines  Pit Privy  Livestock Pens Insecticide Storage							
Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well							
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)							
Direction from well?		Distance from we	1?				
10 FROM TO 0 1 T	LITHOLO OPSOIL	GIC LOG	FROM	TO L	ITHO. LOG (cont.) of	r PLUGGING INTERVALS	
		, , , , , , , , , , , , , , , , ,					
	Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged							
under my jurisdiction and was completed on (mo-day-year) 6/21/16 and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. 585							
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.							
1000 SW Jackson St Visit us at http://www.kdheks			/ater Well Own KSA 82a-12		tor your records. Teleph	none 785-296-5524. <b>Revised 7/10/2015</b>	